

ROBERT G. ATKINS
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS
AND MEASURES

County of San Diego

DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES
5555 Overland Ave., Suite 3101, San Diego, CA 92123-1256
www.sdcawm.org

AGRICULTURE
(858) 694-2739
FAX
(858) 565-7046

WEIGHTS & MEASURES
(858) 694-2778
FAX
(858) 505-6484

CONSUMER COMPLAINT

PLEASE PRINT

COMPLAINT #

IN ORDER FOR US TO INVESTIGATE YOUR COMPLAINT, PLEASE COMPLETE THE APPROPRIATE SECTIONS AND PROVIDE ANY WRITTEN DOCUMENTATION THAT SUPPORTS YOUR COMPLAINT.

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number where you can be reached from 8:00 AM to 5:00 PM: (_____) _____

I HAVE A COMPLAINT AGAINST:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of occurrence: _____

Have you contacted the responsible party? ☐ YES ☐ NO

Please describe your complaint (Attach a separate sheet if needed):

Return This Completed Form To:
Standards Enforcement Division
5555 Overland Avenue, Suite 3101
San Diego, CA 92123-1292
Phone (858) 694-2778 FAX (858) 505-6484

Gas Station/Gas Contamination Section (Also, please describe your complaint in the above section).

TYPE OF FUEL: ☐ Gasoline ☐ Diesel OCTANE (Please circle): 87 88 89 90 91 92 Other ____

Pump # ____ If you do not know the specific pump number, please draw pump layout and circle the suspected pump, according to the example below.

<div data-bbox="105 1638 186 1774"><p>N S</p></div> <div data-bbox="203 1669 267 1890"><p>First Street</p></div> <div data-bbox="397 1638 511 1669"><p><u>EXAMPLE</u></p></div> <div data-bbox="397 1669 609 1722"><p>x = Pump Layout O = Suspected Pump</p></div> <div data-bbox="284 1732 706 1785"><p>Main Avenue</p></div> <div data-bbox="300 1785 397 1858"><p>x x x x o x x x x</p></div> <div data-bbox="479 1816 633 1890"><p>Station Office</p></div>	<div data-bbox="1063 1638 1299 1669"><p><u>DRAW PUMP LAYOUT</u></p></div> <div data-bbox="1356 1879 1461 1900"><p>(REV. 7/98)</p></div>
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